URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 2 0 1960

-60-045386

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 112

1. PLACE OF DEATH
a. COUNTY Carroll
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton — Length of stay in 1b: 5 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 204 S. Locust — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Carroll
c. CITY OR TOWN Carrollton — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 204 S. Locust — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Athoe Middle: Last: Wotawa
4. DATE OF DEATH Month Day Year: Dec. 10, 1960
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/9/1875
9. AGE (last birthday): 85
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Heating Eng.
11. BIRTHPLACE (City and state or country): Lexington, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Wotawa
13b. MOTHER'S MAIDEN NAME: Emma Traughber
14. NAME OF HUSBAND OR WIFE: Ella Wotawa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 493-10-4736
17. INFORMANT: Ella Wotawa Address: Carrollton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction - Massive — INTERVAL BETWEEN ONSET AND DEATH: 4 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Advanced age -
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ N. ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 23 Dec. 1959, to 10 Dec. 1960 and last saw her alive on 8 Dec. 1960
Death occurred at 8:15 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jack L. Vineyard (Degree or title) MD
22b. ADDRESS Carrollton, Missouri
22c. DATE SIGNED 12-12-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/13/60
23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
23d. LOCATION (City, town, or county) (State): Carrolltonm Mo.

24. FUNERAL DIRECTOR ADDRESS: Marshall Funeral Home Carrollton
25. DATE REC'D. BY LOCAL REG.: 12-12-60
26. REGISTRAR'S SIGNATURE: Mr Herbert Calvert

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS JAN 4 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R. M. Marlowe Jr.

Signature of Student Embalmer

Licensed Embalmer No. 4469

P. O. Address Carroll

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.